

497 Contribution Report

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

NAME OF FILER Yes on A: Community Experts United for Homelessness and Housing Solutions, a Coalition of Nonprofit Organizations and Housing Advocates		Date of This Filing 10/21/2024	Date Stamp 2024 OCT 22 AM 8:30 PROPOSITION B UNIT OCT 21 2024	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (213) 452-6565	I.D. NUMBER (if applicable) 1463510	Report No. 102124A		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90017	No. of Pages 1	

1. Contributions Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/18/2024	Sheet Metal, Air, Rail, Transportation Workers' International Union (S.M.A.R.T.) Local 105 PAC Glendora, CA 91740-6720 ID: 962809	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$10,000.00 <input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee